



# Missouri Youth Leadership Forum

for Students with Disabilities

## 2016 Missouri Youth Leadership Forum Application

July 12 - 16, 2016

Applications have to be postmarked by April 1, 2016. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED** (Application, References, Resume, Essay).

Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Gender: M / F Birth Date \_\_\_\_\_ Race (Optional) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_

Current Grade \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

High School \_\_\_\_\_ School Phone \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Please check the ones that apply:

How did you learn about the Forum?

school  friend  internet/email  news article  other \_\_\_\_\_

I am a Vocational Rehabilitation (VR) or Rehabilitation Services for the Blind (RSB) Client

Yes  No  Don't Know

I am a DMH Regional Office client.  Yes  No  Don't Know

Have you participated at your local Center for Independent Living (CIL)?

Yes  No  Don't Know



301 West High Street, Room 840 PO Box 1668 Jefferson City, MO 65102  
800-877-8249 email: [gcd@oa.mo.gov](mailto:gcd@oa.mo.gov) <http://disability.mo.gov/gcd/yjf.htm>

Missouri Youth Leadership Forum is hosted by  
Governor's Council on Disability and Paraquod



Please describe your disability – (This will assist in assuring that we include delegates (students) with diverse disabilities)

Primary Disability (medical diagnosis) \_\_\_\_\_ Onset of Disability (age): \_\_\_\_\_

Please check **all** that apply:

<p>Deaf / Hard of Hearing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I use sign language</li> <li><input type="checkbox"/> I use assistive listening devices</li> <li><input type="checkbox"/> I use real time captioning</li> <li><input type="checkbox"/> I use lip reading</li> <li><input type="checkbox"/> I need interpreter services</li> <li><input type="checkbox"/> I use note takers</li> </ul> <p>Blind / Visually Impaired:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I read with Braille</li> <li><input type="checkbox"/> I read with large print</li> <li><input type="checkbox"/> I need assistance with mobility</li> <li><input type="checkbox"/> I prefer electronic format</li> </ul> <p>Mobility Disability (e.g. spinal cord injury, muscular dystrophy, other):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I use a wheelchair / scooter</li> <li><input type="checkbox"/> I cannot walk upstairs</li> <li><input type="checkbox"/> I use a walker, cane, or crutches</li> <li><input type="checkbox"/> I cannot walk long distances</li> </ul> <p>Immune Disability:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Crohn’s Disease</li> <li><input type="checkbox"/> Rheumatoid Arthritis</li> <li><input type="checkbox"/> Sickle Cell Anemia</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Autism</li> <li><input type="checkbox"/> Asperger’s syndrome</li> <li><input type="checkbox"/> Traumatic Brain Injury</li> <li><input type="checkbox"/> Down Syndrome</li> <li><input type="checkbox"/> Intellectual Disability</li> <li><input type="checkbox"/> Mental Health Disability (e.g. anxiety, depression, bipolar/mood disorder, obsessive compulsive disorder, other)</li> <li><input type="checkbox"/> Neuro/Muscular Disability</li> <li><input type="checkbox"/> Learning Disability (e.g. dyslexia, dyscalculia, ADD/ADHD, other...)             <ul style="list-style-type: none"> <li>___Reading ___Math ___Written</li> </ul> </li> <li><input type="checkbox"/> Multiple Disabilities</li> <li><input type="checkbox"/> Chronic Illness (e.g. cancer, cystic fibrosis, diabetes, heart disease, other)</li> <li><input type="checkbox"/> Chemical / Environmental Sensitivity</li> <li><input type="checkbox"/> Other (describe) _____</li> </ul>
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Please list all accommodations needed to participate in the Forum (interpreter, personal care attendant, special diet, etc.)

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**Short answer and Essay:**

Complete the following questions. If you are using a scribe to complete this portion of the application, please make sure responses are written reflecting your voice. If you have questions or need assistance with completing this application please contact Dawn at 800-877-8249 or dawn.evans@oa.mo.gov.

**1. What organizations or activities are you involved in with your school and/or community?** This may include any offices you held, club memberships, after school activities, work experience, church activities, community volunteer, etc.

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2. List 3 goals that you have for your future.

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3. List 3 leadership strengths that you possess.

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**4. References**

Please list three references that we may contact by phone. One reference must be a high school principal, counselor, or a teacher. The other references may be any adult who knows you well, other than a parent or relative, for example, scout leader, employer, coach, community leader, etc. At least one reference must be from outside the school.

- 1. Name (School) \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

5. **Essay: Please complete an essay (maximum of 500 words) by answering the 3 questions below (Attach Essay (Word document) with your application):**

- a) Explain why you would like to attend the Missouri Youth Leadership Forum and why you believe you have leadership potential.
- b) Describe an important experience you have had as a youth with a disability. (Please give specific examples as they relate to your disability)
- c) As a future leader, how do you see yourself making a difference in your community?

6. **Attach a Resume: A sample resume is available at**

[http://disability.mo.gov/gcd/files/sample\\_resume.pdf](http://disability.mo.gov/gcd/files/sample_resume.pdf)

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

Before submitting please verify:

- Application is completed.
- Essay addresses all three questions written in paragraph form.
- 3 References with good contact numbers are given
- Resume is attached
- Send all documents to the Governor's Council on Disability.
- Must be submitted online or postmarked by **April 1, 2016**.

Please submit all documents together at the same time. Application, essay, and resume may be submitted online. If unable to submit online you may email, fax, or mail your documents to:

Governor's Council on Disability  
Missouri Youth Leadership Forum  
PO Box 1668  
Jefferson City, MO 65102  
[gcd@oa.mo.gov](mailto:gcd@oa.mo.gov)  
<http://disability.mo.gov>  
Phone: 800-877-8249  
Fax: 573/526-4109